



Child's Last Name: _____

2012 REGISTRATION FORM

Complete, Sign & Return this Registration Form with the Registration Fee by _____.
Please retain a copy of this form for your records.

1. PROGRAM SELECTION, TUITION, AND SCHEDULE OF FEES

Program of Choice, Tuition

- TW KIDS SPRING, \$350.00
- TW KIDS SUMMER, \$350.00
- TW KIDS FALL, \$350.00
- TW KIDS WINTER, \$350.00
- STAGE 2, \$390.00

T-Shirt Size

(One t-shirt is included with tuition in adult sizes only.)

- S M L XL

How did you hear about us?

- Ad Website Former Student Word of Mouth
 Other

Non-Refundable Fees: \$50.00

2. CONTACT INFORMATION

Student Information

Name*: _____ Email: _____

Address: _____

Home Phone: _____ Cell: _____

Date of Birth: _____ Grade (Fall 2012): _____ Gender: M F

*The student's name will appear exactly as provided above in our telephone and e-mail directories, which are distributed to registered students and their parents. If you do not wish to have your child's name published in the distribution lists, you may opt out by checking here: I do not wish to have my child's name and contact information published in the telephone and e-mail directories.

Child's Last Name: _____

Parent/Legal Guardian Information

Name 1: _____ **Relationship to Student:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Name 2: _____ **Relationship to Student:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Additional Emergency Contacts

In the event of an emergency TheatreWorks New Milford will attempt to contact the parent(s)/guardian first; however, if the parent(s)/guardian cannot be reached, please provide the name and contact numbers of at least two additional people whom TheatreWorks New Milford may call in case of an emergency.

Name 1: _____ **Relationship to Student:** _____

Home Phone: _____ **Cell:** _____ **Work Phone:** _____

Name 2: _____ **Relationship to Student:** _____

Home Phone: _____ **Cell:** _____ **Work Phone:** _____

Student Dismissal Contacts

TheatreWorks New Milford takes the safety of its students very seriously. If your child is age 6 to 12, it is MANDATORY that he/she be dismissed to a parent/guardian or an authorized person at a meeting place to be designated by TheatreWorks New Milford. If your child is age 13 or over but under age 18, your child may leave on his/her own only if TheatreWorks New Milford has received a dismissal form signed by a parent/guardian.

I authorize the following people to pick up my child (TheatreWorks New Milford requires the contact information of at least two persons):

Name 1: _____ **Relationship to Student:** _____

Home Phone: _____ **Cell:** _____ **Work Phone:** _____

Child's Last Name: _____

Name 2: _____ Relationship to Student: _____

Home Phone: _____ Cell: _____ Work Phone: _____

3. MEDICAL INFORMATION

Medical Concerns: Does your child have any physical, mental or medical conditions of which TheatreWorks New Milford should be aware? Yes No

If "Yes", please specify: _____

Allergies: Does your child have any allergies of which TheatreWorks New Milford should be aware?

Yes No

If "Yes", please list: _____

Medications: Does your child take any medications? Yes No

If "Yes", please list: _____

If "Yes", you understand that TheatreWorks New Milford will not administer any medications—your child shall self-administer any medication(s). Parent/Guardian Signature _____

Special Needs/Disabilities: Does your child have any special needs or disabilities of which TheatreWorks New Milford should be aware?

Yes No

If "Yes", please list: _____

Health Insurance/Medical Information:

Physician's Name: _____ **Phone:** _____

Health Insurance Provider: _____

Health Insurance Policy Number: _____

Please attach a copy of the student's medical insurance card, both front and back, to this form.

If you do not have health insurance, you understand that you will assume all responsibility for payment(s) of medical and/or dental treatment if an injury does occur while your child is a student of TheatreWorks New Milford. TheatreWorks New Milford will not be responsible for any medical and/or dental costs.

†TheatreWorks New Milford is a registered trade name of Creative Arts Center of New Milford, Inc., a nonprofit organization 5 Brookside Avenue, P.O. Box 836, New Milford, CT 06776 3 of 6 Box Office: 860.350.6863 www.theatreworks.us

Parent/Guardian
Initials

4. POLICY AGREEMENT

In consideration of my child's acceptance to and participation in a program of Creative Arts Center of New Milford, Inc., DBA TheatreWorks New Milford ("TheatreWorks New Milford"), I understand and agree to the following:

Authority to Register and/or to Act as Agent. I, the undersigned, represent and warrant that I am the parent or legal guardian of the above-named child and have the legal authority to enter into this Policy Agreement on his/her behalf and by proceeding with this registration I agree that the terms and conditions of the Policy Agreement and Registration shall apply equally to myself and my child. By registering my child, I agree and consent to the collection of my child's information that I provide to TheatreWorks New Milford for the purposes of registration.

Notice of Changes to Information. I understand and agree that it is my responsibility to reasonably promptly notify TheatreWorks New Milford of any changes to the information listed in the Contact and Medical Information Sections (Sections 2 & 3) of the Registration Form.

Student Dismissal. I understand and agree that TheatreWorks New Milford is not a professional childcare provider. If my child is under the age of 13, I acknowledge it is MANDATORY that he/she be dismissed to a parent/guardian or an authorized person listed in the registration at a meeting place to be designated by TheatreWorks New Milford. No child will be released to anyone not authorized in writing by the parent/guardian and listed in the registration. Persons not known by staff, instructors and/or volunteers will be asked to show identification. If my child is age 13 or over but under age 18, I understand that he/she may leave on his/her own only if TheatreWorks has received a dismissal form signed by a parent/guardian.

Payment of Tuition. I understand that I am obligated to pay tuition and any applicable fees. TheatreWorks New Milford accepts payment by cash, check, credit card or money order. Please make checks and money orders payable to Theatreworks New Milford.

Withdrawal From Enrollment. If I withdraw my child before seven (7) days after the first class session I will receive a 100% refund of tuition paid, less all non-refundable fees. After the seventh day there will no refunds. I further understand and agree that notification of withdrawal must be IN WRITING in order to effectively withdraw my child and/or terminate enrollment. All withdrawals are effective as of the date on which TheatreWorks New Milford is notified IN WRITING of my intent to withdraw my child/terminate enrollment. In case of withdrawal due to medical necessity, a physician's note is required to waive any fees.

Late Fees and Delinquent Accounts: I understand that TheatreWorks New Milford will assess a \$20.00 late fee for each month that I am delinquent in my payments, and that a delinquent account may jeopardize my child's participation in any TheatreWorks New Milford program.

Automatic Credit Card Decline/Returned Check Fees: I understand that TheatreWorks New Milford will assess a \$20.00 fee if my credit card is declined for any reason and I have not rectified my account within seven days. I further understand that I will incur a \$20.00 fee for any returned check.

Photo and Publicity Consent, Waiver and Release. I hereby irrevocably consent to and authorize the use and reproduction by TheatreWorks New Milford of any and all photographs, recordings, videotapes, and/or other reproductions of likenesses of my Child's person or characteristics ("reproductions") for any purpose,

Child's Last Name: _____

whatsoever, without compensation to my Child. All reproductions shall constitute the property of TheatreWorks New Milford, solely and completely. I assign and release all rights to said reproductions and authorize TheatreWorks New Milford, or others authorized by it, to exhibit, broadcast, and/or distribute or otherwise further reproduce said reproductions in whole or in part over or in any medium whatsoever, including, but not limited to, marketing materials, newsletters, newspapers, film, Internet, social media, cable and television, with or without compensation in perpetuity. I also release, discharge and agree to hold harmless TheatreWorks New Milford, or any persons, or entities acting under its permission or authority from any liability arising from the use of said reproductions.

Removal from Program. I understand and agree that my child's acceptance into any TheatreWorks New Milford program is contingent upon his/her ability to function cooperatively while participating in the program. TheatreWorks New Milford reserves the right to remove my child from any program for behavioral issues. In the event my child is removed from any program, a pro-rated tuition will be provided, less any non-refundable fees.

Medical Consent and Waiver. I certify that I accept complete responsibility for the health of my child and that to the best of my knowledge he/she is in good health. I understand and agree to pay all fees and/or charges incurred for any medical and/or dental services rendered for and to my child. I understand that TheatreWorks New Milford will not be responsible for any medical and/or dental costs incurred by my child while he/she is participating in any TheatreWorks New Milford program.

Authorization for Emergency Care & Treatment. I understand and agree that as parent/guardian I will be contacted if medical attention is required while my child is participating in any TheatreWorks New Milford program. If I cannot be reached, I authorize TheatreWorks New Milford, its employees, volunteers or representative(s) to arrange for treatment as necessary, which may include, without limitation, hospitalization, diagnostic tests, and/or surgery. I authorize the release of information and medical records to facilitate the medical, surgical and psychiatric care of my child. I further authorize any TheatreWorks New Milford employee, volunteer or representative to administer first aid to my child and give permission for the transportation of my child to the hospital by emergency vehicle.

Assumption of Risk. I acknowledge and understand that there are risks to which my child may be exposed by participating in any TheatreWorks New Milford program. The risks may arise not only from my child's actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, or the condition of TheatreWorks New Milford's premises or of any props/equipment used. I also acknowledge and understand that there may be other risks not presently known or reasonably foreseeable. I shall assume the risks arising out of, connected with or resulting from my child's participation in any TheatreWorks New Milford program.

Defend, Indemnify, Hold Harmless. I, for and on behalf of myself, my child and each of our respective heirs, beneficiaries, executors, administrators, guardians, representatives, agents, trustees, predecessors, successors, assigns and any and all other parties in interest, shall defend, indemnify and hold harmless TheatreWorks New Milford, its officers, directors, boards, members, volunteers, employees, agents, representatives, insurers, attorneys, affiliates, successors and assigns, from and against any and all claims, demands, judgments, actions, suits, damages, injuries, harm costs, liabilities, losses, or expenses (including reasonable attorney's fees) arising out of, in connection with, or resulting from my child's participation in any TheatreWorks New Milford program.

Child's Last Name: _____

Waiver and Release of Liability. I, for and on behalf of myself, my child and each of our respective heirs, beneficiaries, executors, administrators, guardians, representatives, agents, trustees, predecessors, successors, assigns and any and all other parties in interest ("Releasers"), do hereby irrevocably, unconditionally, fully, finally and forever waive, release and discharge TheatreWorks New Milford, and all of its past, present and future directors, officers, Boards, members, employees, volunteers, agents, servants, attorneys, assigns, insurers, representatives, partners, affiliates, predecessors and successors in interest ("Released Parties"), of and from any and all claims, judgments, actions, causes of action, suits, sums of money, demands, rights, damages, injuries, costs, obligations, contracts, agreements, promises, liabilities, losses, debts, harms, expenses, fees (including attorneys' fees), and compensation of every kind or nature whatsoever, whether based on tort or any other theory of recovery, in law or in equity, whether for compensatory or punitive damages, whether known or unknown and whether foreseen or unforeseen, which Releasers ever had or claimed to have, now have or claim to have, which may arise in the future, or which Releasers hereafter may have or claim to have against the Released Parties arising out of, in connection with, or resulting from my child's participation in any TheatreWorks New Milford program.

Limitation of Liability. I acknowledge that under no circumstances, including negligence, shall TheatreWorks New Milford be liable for any direct, indirect, incidental, special or consequential damages incurred or suffered by my child arising out of, in connection with, or resulting from his/her participation in any TheatreWorks New Milford program.

Severability. If any provision of the Policy Agreement and Registration Form is held to be invalid, void or unenforceable, the balance of its provisions will, nevertheless, remain in full force and effect and will in no way be affected, impaired or invalidated.

Headings. The headings of the Policy Agreement are for convenience or reference only, and shall not limit, expand, modify or otherwise affect the meaning hereof.

Certification. I certify that I have read TheatreWorks New Milford's Policy Agreement and fully understand its contents, and that my signature below indicates that I agree to abide by the terms and conditions of the Policy Agreement and any other terms and conditions set forth in this Registration Form.

Parent/Guardian Signature

Date

Child's Last Name: _____

STUDENT DISMISSAL FORM

I understand that my child, _____ is NOT to be picked up by an authorized adult after classes, rehearsals and/or performances. I grant TheatreWorks New Milford permission to allow my child to leave on his/her own.

Parent/Guardian Signature

Date